

CLAIMS ONLY

SERIAL NO. _____

FILING DATE _____

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1		1		1	
TOTAL DEP.	15		15		15	
TOTAL CLAIMS	16		16		16	

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TOTAL IND.			1		1	
TOTAL DEP.			1		1	
TOTAL CLAIMS			1		1	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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APPLICANT(S) _____

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TOTAL CLAIMS						

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TOTAL IND.			↓		↓	
TOTAL DEP.			↓		↓	
TOTAL CLAIMS						

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